

**WELCOME**

Thank you for attending today's

# Prevention Committee Meeting

Please sign in to have your  
attendance recorded.



Scan the QR Code for  
meeting materials.



# Prevention Committee

Thursday, January 22, 2026

10:00 AM – 12:00 PM

Florida Department of Health – Health District Center  
1350 NW 14th Street, Conference Room 401B, Miami, FL 33125

## AGENDA

- |       |   |                |
|-------|---|----------------|
| I.    | Call to Order   | Virginia Muñoz |
| II.   | Introductions   | All            |
| III.  | Housekeeping  | Virginia Muñoz |
| IV.   | Floor Open to the Public  | Virginia Muñoz |
| V.    | Review/Approve Agenda   | All            |
| VI.   | Review/Approve Minutes of October 24, 2024  | All            |
| VII.  | Reports   |                |
|       | ▪ Membership  | Staff          |
|       | <input type="checkbox"/> Source of Income Filing  |                |
|       | <input type="checkbox"/> Prevention Committee Policies and Procedures and Committee Composition |                |
|       | ▪ Partnership   | Virginia Muñoz |
| VIII. | Standing Business   |                |
|       | ▪ Officer Elections   |                |
|       | ▪ Miami-Dade County HIV Prevention Workgroups – Updates and Call to Action                      | Group Leaders  |
|       | <input type="checkbox"/> Florida Black HIV/AIDS Coalition – Miami Chapter                       |                |
|       | <input type="checkbox"/> Pre-Exposure Prophylaxis Workgroup                                     |                |
|       | <input type="checkbox"/> Hispanic Initiative (Iniciativa Hispana)                               |                |
|       | <input type="checkbox"/> Miami Collaborative MSM Workgroup / Transgender Tenacity Power         |                |
|       | <input type="checkbox"/> Youth Health Committee   |                |
| IX.   | New Business  | All            |
|       | ▪ Florida Comprehensive Planning Network Nominations  |                |
|       | ▪ 2027-2031 Integrated Plan Development   |                |
|       | <input type="checkbox"/> Goal 1 Activities Development  |                |
|       | <input type="checkbox"/> Draft Section I: Introduction  |                |
|       | <input type="checkbox"/> Draft Section IV: Situational Analysis                                 |                |
| X.    | Announcements and Open Discussion   | All            |
| XI.   | Next Meetings   | Virginia Muñoz |
|       | ▪ Location: FDOH-Health District Center, 1350 NW 14th Street, Room 401B, Miami, FL 33125        |                |
|       | <input type="checkbox"/> JIPRT: Tuesday, February 17, 2026, 10:00 AM – 1:00 PM                  |                |
|       | <input type="checkbox"/> Prevention Committee: Thursday, March 26, 2026, 10:00 AM – 12:00 PM    |                |
| XII.  | Adjournment   | Virginia Muñoz |

*Please mute or turn off all cellular devices.*

For more information about the Prevention Committee, please contact Christina Bontempo,  
(305) 445-1076 x106 or [cbontempo@behavioralscience.com](mailto:cbontempo@behavioralscience.com).

Follow Us: [www.PartnershipMiami.org](http://www.PartnershipMiami.org) | [facebook.com/HIVPartnership](https://facebook.com/HIVPartnership) | [instagram.com/hiv\\_partnership](https://instagram.com/hiv_partnership)

# Meeting Housekeeping Prevention Committee

*Created by Behavioral Science Research*

# Disclaimer and Code of Conduct

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- ❑ Audio of this meeting is being recorded and will become part of the public record.
- ❑ Members serve the interest of the Miami-Dade HIV/AIDS community as a whole.
- ❑ Members do not serve private or personal interests, and shall endeavor to treat all persons, issues and business in a fair and equitable manner.
- ❑ Members shall refrain from side-bar conversations in accordance with Florida Government in the Sunshine laws.



## Changes Impacting Members in the New Year

- ▶ Elections of New Officers
- ▶ Updated “Why Was My Meeting Cancelled?” Fact Sheet
- ▶ No more paper calendars
- ▶ Coming Soon!
  - New Partnership Logo
  - Community Coalition Roundtable – Committee recruitment and mentoring activities
  - New Committee Application process
- ▶ Partnership Meetings
  - New Location - Florida Department of Health – Health District Center



## Review of Member Responsibilities

### All Members

1. RSVP
2. Review meeting materials in advance
3. Attend meetings
4. Complete the Annual Source of Income Form

### Other

1. Complete the Assessment of the Administrative Mechanism survey (Partnership members)
2. Complete required training<sup>4</sup> (new members)

## Tips to Keep Track of Your Meeting Dates

### Find Your Next Meeting Dates

1. “Next Meeting” on each Agenda
2. Meeting Notices
3. Committee pages on PartnershipMiami.org
4. PartnershipMiami.org > Calendars
5. Calendar Invitation (members)

Once you’ve found your dates, add them to your work calendars.



## How to Access Meeting Documents

1. Link in Meeting Notice
2. QR Code on Agendas
3. Committee pages on PartnershipMiami.org
4. Link in calendar listing

Documents are posted in PDF format.

A free PDF reader is available at <https://get.adobe.com/reader/>

# General Housekeeping

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- ❑ You must sign in to be counted as present.
- ❑ Place cell phones on mute or vibrate - *If you must take a call, please excuse yourself from the meeting.*
- ❑ Eligible committee members and applicants should see staff for a travel expense offset at the end of the meeting.
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.

# About the Partnership

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- ❑ The Miami-Dade HIV/AIDS Partnership is the official Ryan White Program Planning Council for Miami-Dade County.
- ❑ Partnership Members are appointed by the Mayor of Miami-Dade County based on recommendations by the Community Coalition.
- ❑ The Prevention Committee is one of six Standing Committees of the Partnership.
- ❑ Prevention Committee members also serve on the Joint Integrated Plan Review Team (JIPRT).
- ❑ All Partnership and Standing Committee members are volunteers and commit to abiding by the Partnership's Bylaws, including regular meeting attendance and completion of required training and paperwork.
- ❑ See staff after the meeting for additional details.



**Membership**

# Meeting Participation

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## **Everyone has a role to play!**

- ❑ All attendees may address the board as time allows and at the discretion of the Chair.
- ❑ Please *share your expertise* on the current Agenda topics and motions. Remember to . . .
  - Raise your hand to be recognized by the Chair or added to the queue during discussions.
  - Avoid repeating points previously addressed.
- ❑ Only Prevention Committee members vote at today's meeting.
- ❑ Announcements can be made at the end of the meeting as time allows. Announcements should inform or educate the community and must not be used to advance personal interests or any form of financial gain.

# Language Matters!

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In today's world, there are many words that can be stigmatizing. Here are a few suggestions for better communication.



Remember **People First** Language . . .

*People* with HIV, *People* with substance use disorders,  
*People* who are unhoused, etc.

Please don't say **RISKS** . . . Instead, say **REASONS**.  
Please don't say, **INFECTED with HIV** . . . Instead, say  
**ACQUIRED HIV, DIAGNOSED with HIV, or**  
**CONTRACTED HIV.**


Please **do not** use these terms . . .

**Dirty . . . Clean . . . Full-blown AIDS . . . Victim . . .** 10

# Meeting Terminology

**Meetings can be fast-paced and confusing!**

- ❑ Terms and acronyms you might hear at today's meeting are on the back of your Agenda.
- ❑ Please raise your hand at any time if you need more information!

 <b>Meeting Guide</b>	
Meetings can be fast-paced and confusing! These terms and acronyms can help you follow along. Please raise your hand at any time if you need more information!	
<b>Partnership, PC, or Planning Council</b>	The Miami-Dade HIV/AIDS Partnership - Official Ryan White Program Planning Council in Miami-Dade County
<b>RWP or RWHAP</b>	The Ryan White Program or The Ryan White HIV/AIDS Program (Usually referring to Part A/MAI).
<b>ADAP</b>	AIDS Drug Assistance Program. Provides FDA-approved medications for low-income individuals with HIV who have limited or no coverage from private insurance or Medicaid. Provides insurance coverage for uninsured RWP clients.
<b>BSR</b>	Behavioral Science Research Corp. (aka, Staff).
<b>EHE</b>	Ending the HIV Epidemic: A Plan for America. Four Pillars: 1. Diagnose, 2. Treat, 3. Prevent, 4. Respond.
<b>EMA</b>	Eligible Metropolitan Area (locally, Miami-Dade County).
<b>FDH or FDOH-MDC</b>	Florida Department of Health in Miami-Dade County.
<b>FPL</b>	Federal Poverty Level. Used to determine RWP eligibility and benefits.
<b>HOPWA</b>	Housing Opportunities for People with AIDS Program. Federal program that provides funding to support housing and housing-related services for people with AIDS and their families. Related terms: STRMU: Short-Term Rental, Mortgage and Utilities Assistance; Project-based: Funds designated units in a building; LTRA: Long-Term Rental Assistance (voucher program); and FMR: Fair Market Rents.
<b>HRSA</b>	The Health Resources and Services Administration. The source of federal RWP grant funds.
<b>Integrated Plan or IP</b>	The Miami-Dade County Integrated HIV Prevention and Care Plan.
<b>JIPRT</b>	The Joint Integrated Plan Review Team (Prevention Committee & Strategic Planning Committee).
<b>MAI</b>	Minority AIDS Initiative. Additional RWP funding to improve access to HIV care and health outcomes for disproportionately affected racial and ethnic minority populations.
<b>NHAS</b>	National HIV/AIDS Strategy. Four Goals: 1. Prevent new HIV infections; 2. Improve HIV-related health outcomes of people with HIV; 3. Reduce HIV-related disparities and health inequities; 4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners.
<b>PE-Miami or Provide Enterprise</b>	Provide Enterprise® by Groupware Technologies (RWP client database system).
<b>The Recipient, The County, or OMB</b>	The Miami-Dade County Office of Management and Budget. The Recipient of RWP Part A/MAI funds from HRSA.
<b>TTRA</b>	Test and Treat/Rapid Access. Protocol designed to ensure newly diagnosed people or those returning to care will obtain immediate linkage to medical care and treatment.
More terminology at <a href="http://www.aidsnet.org/the-partnership/#getonboard1">www.aidsnet.org/the-partnership/#getonboard1</a> .	

# Resources

- ❑ Behavioral Science Research Corp. (BSR) staff are the Resource Persons for this meeting.
- ❑ See staff after the meeting if you are interested in membership or if you have a question that wasn't covered during the meeting.
- ❑ Today's presentation and supporting documents are online at [www.partnershipmiami.org/the-partnership-2/#prevention1](http://www.partnershipmiami.org/the-partnership-2/#prevention1) or by scanning the QR code on your agenda.

**Prevention Committee**  
Next Meeting: January 22, 2026, at 10:00 a.m.  
Florida Department of Health – Health District Center, 1350 NW 14th Street, Conference Room 401B, Miami, FL 33125

**AGENDA**  
January 22, 2026

**MINUTES**  
October 24, 2024

**PARTNERSHIP REPORT**  
Partnership Report of Approved Motions, December 8, 2025

**BYLAWS**  
Click here.

**RETURN TO MENU**

**Meeting Documents**

- 2026 Nominations and Elections Memo
- Bylaws Revisions: Addendum C: Prevention Committee
- 2027-2031 Integrated Plan Development
  - Goal 1 Worksheets
  - Draft Section I: Introduction
  - Draft Section IV: Situational Analysis
- Results of the October 21, 2025, Joint Integrated Plan Review Team (JIPRT) Meeting – Goal 1: Prevention
- 2027-2031 Integrated Plan Guidance (February 2025 Revision)

Reference

Next Prevention Committee Meeting Coming Up In...  
002: 19 : 33 : 06  
Day Hrs Min Sec

RSVP

MIAAMI-DADE HIV/AIDS PARTNERSHIP 2025 - A YEAR IN REVIEW

## **Floor Open to the Public**

“Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns.

“BSR has a dedicated line for statements to be read into the record. No statements were received.”



**Prevention Committee Meeting  
 Florida Department of Health – Health District Center  
 1350 NW 14th St, Conference Room 401B, Miami, FL 33125  
 October 24, 2024 Minutes**

#	Members	Present	Absent	Guests	
1	Bethel, Shakka	x		Bateman, Raynal	
2	Buch, Juan	x		Ferrer, Luigi	
3	Darlington, Tajma	x		Jansen, Natasha	
4	Duberli, Francesco		x	Pache, Rosa E.	
5	Fernandez, Chad		x	Payne, McKenzie	
6	Forrest, David	x		Sanchez, Rosa	
7	Ichite, Amanda		x	Saxena, Praveena	
8	Johnston, Jeremy	x		Stonestreet, Stephanie	
9	Lopez, Crystal		x	Thomas, Andrew	
10	Marqués, Jamie		x	Williams, Stephen	
11	Medina, Jesus	x			
12	Muñoz, Virginia	x			
13	Orozco, Eddie		x		
14	Pierre, Ross		x		
15	Pereira, Daniel		x		
16	Santiago, Grechen	x			
17	Shmuels, Diego		x		
18	Vertovec, Jack		x		
<b>Quorum = 7</b>				<b>Staff</b>	
				Bontempo, Christina	

All documents referenced in these minutes were accessible to members and the public prior to and during the meeting at [www.aidsnet.org/the-partnership#prevention1](http://www.aidsnet.org/the-partnership#prevention1).

**I. Call to Order**

Virginia Muñoz, Prevention Committee Chair, called the meeting to order at 10:11 a.m.

**II. Introductions**

Ms. Muñoz called for introductions of members, guests, and staff.

**III. Housekeeping**

Members took turns reading the Housekeeping PowerPoint slides including general reminders, code of conduct, people first language, and meeting participation best practices. Copies of the presentations were in the meeting packets and were numbered for easy reference..

**IV. Floor Open to the Public**

Ms. Muñoz opened the floor to the public with the following statement:

*Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about*

*your concerns. BSR has a dedicated telephone line as well as a general email address for statements to be read into the record. No statements were received via the telephone line or email.*

There were no comments, so the floor was closed for public comment.

#### **V. Review/Approve Agenda**

Ms. Muñoz requested members review the agenda, and noted that the Integrated Plan item needs to be removed until the related Florida Department of Health presentation is approved. Ms. Muñoz called for a motion to accept the agenda with the change indicated.

**Motion to approve the agenda with change indicated.**

**Moved: Shakka Bethel**

**Seconded: Grechen Santiago**

**Motion: Passed**

#### **VI. Review and Approve Minutes of September 25, 2024**

Ms. Muñoz gave members time to review the minutes of September 25, 2024. There were no changes, so the Committee adopted them as presented.

**Motion to approve the minutes of September 25, 2024, as presented.**

**Moved: Juan Buch**

**Seconded: Dr. David Forrest**

**Motion: Passed**

#### **VII. Reports**

##### **▪ Membership**

Ms. Muñoz announced that the Membership Report is posted online and included in today's meeting packet. At this time, there are 18 members on the Prevention Committee and one application pending. The committee may have up to 24 members. Going forward, all vacancies on the Prevention Committee must be filled by persons with HIV who may or may not be Ryan White Program clients.

Prior to the meeting, Ron Ledain tendered his resignation. Ms. Muñoz presented a certificate of appreciation for Mr. Ledain which was presented to Kenia Sanchez in Mr. Ledain's absence.

Ms. Sanchez has applied for membership. She introduced herself and the Chair called for a motion to approve her as a new member.

**Motion to approve Kenia Sanchez as a member of the Prevention Committee.**

**Moved: Grechen Santiago**

**Seconded: Jeremy Johnston**

**Motion: Passed**

Members welcomed Ms. Sanchez.

#### **VIII. Standing Business**

##### **▪ Review of Draft Letters Regarding Youth HIV Prevention**

Members reviewed the latest draft letters regarding youth prevention in schools which incorporated the recommended changes from the previous meeting. Staff advised that the final letters would need to be reviewed by the Assistant County Attorney, prior to being brought to the Partnership for ratification.

Members noted that other data may be available on vectors, however the associated program is no longer being funded. It was also noted that although the recommendations of the committee may not be heeded at this time, it represents the committee's due diligence to bring concerns to elected officials. Likewise, sending the letters gives members a starting point to follow up on any progress on youth HIV education.

**Motion to approve two letters regarding youth HIV education, pending review by the Assistant County Attorney.**

**Move: Jesus Medina**

**Seconded: Kenia Sanchez**

**Motion: Passed**

▪ **Miami-Dade County HIV Prevention Workgroups - Call to Action!**

- Florida Black HIV/AIDS Coalition – Miami Chapter and Pre-Exposure Prophylaxis (PrEP) Workgroup: Praveena Saxena reported on recent and upcoming meeting dates, World AIDS Day planning, and the HIV Prevention Trials Network study regarding PrEP and Post-Exposure Prophylaxis (PEP) for young Latino sexual minority men.
- Hispanic Initiative (Iniciativa Hispana): Luigi Ferrer reported on National Latinx HIV/AIDS Awareness Days events and the impacts from Hurricane Ivan. He noted the National HIV Testing Day numbers indicate more HIV test than in previous years, and he thanked community partners for their participation.
- The Miami Collaborative MSM Workgroup and Transgender Tenacity Power: Mr. Ferrer reported the workgroup heard a presentation on molecular clusters and announced an upcoming dinner meeting on November 14. He noted the Mpox numbers are down since the outbreak and cautioned that free vaccinations will end on October 31, 2024, though persons with insurance can still get the vaccinations from the Florida Department of Health.
- Youth Health Committee: Andrew Thomas reported on recent and upcoming meeting dates and noted the workgroup is discussing restructuring, recruitment, and partnering with University of Miami to develop and administer a survey to parents.

**IX. New Business**

▪ **Proposed 2025 Meeting Dates and Agenda Setting Calendar**

Members reviewed the Agenda Setting calendar which included dates for the Joint Integrated Plan Review Team meetings and the stand-alone Prevention Committee meetings. Members made the recommendations below to include presentations throughout the year in alignment with National HIV Awareness Days. Presentations will continue to lead discussions on Integrated Plan activities in order to keep on track of Plan monitoring and development.

<b>HIV Awareness Days</b>	<b>Suggested Presentations, Presenters, and Activities</b>
<ul style="list-style-type: none"> <li>▪ February 7: National Black HIV/AIDS Awareness Day</li> <li>▪ February 28: HIV Is Not A Crime Awareness Day</li> </ul>	<ul style="list-style-type: none"> <li>▪ Lamar McMullen, Sero Project</li> <li>▪ Praveena Saxena re Florida Black HIV/AIDS Coalition - Miami Chapter</li> <li>▪ Data on Black/African American and HIV (Ryan White Program/FDOH)</li> </ul>
<ul style="list-style-type: none"> <li>▪ March 15: National Women and Girls HIV/AIDS Awareness Day</li> <li>▪ March 20: National Native HIV/AIDS Awareness Day</li> </ul>	<ul style="list-style-type: none"> <li>▪ Queen Holden</li> <li>▪ Targeted Outreach for Pregnant Women Act (TOPWA) Program</li> <li>▪ Planning for National HIV Testing Day, including a committee event (in accordance with special project requests)</li> <li>▪ Data on women with HIV (Ryan White Program/FDOH)</li> </ul>
<ul style="list-style-type: none"> <li>▪ May 18: HIV Vaccine Awareness Day</li> <li>▪ May 19: National Asian &amp; Pacific Islander HIV/AIDS Awareness Day</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data on Youth (Ryan White Program/FDOH)</li> <li>▪ Future Leaders of the World video(s)</li> <li>▪ Care Resource video(s)</li> <li>▪ Promoting National HIV Testing Day</li> </ul>

HIV Awareness Days	Suggested Presentations, Presenters, and Activities
<ul style="list-style-type: none"> <li>▪ August 20: Southern HIV/AIDS Awareness Day</li> <li>▪ August 27: National Faith HIV/AIDS Awareness Day</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hep-C (Gilead)</li> </ul>

▪ **2025 Officer Nominations**

Ms. Muñoz gave members a minute to review the Officer Nominations and Elections Memo. Ms. Muñoz is the appointed Chair from the Florida Department of Health, and Tajma Darlington is eligible to serve another year as Vice Chair. Mr. Darlington agreed to put his name on the ballot and Ms. Muñoz invited any other members to place their name on the ballot, if interested. No other members were indicated an interest. Per the memo, nominations will also be taken prior to Elections at the February 2025 meeting.

**X. Announcements and Open Discussion**

Members and guests announced upcoming events and funding opportunities.

Dr. David Forrest announced he is moving to a full-time teaching position at the University of Miami and will be stepping down as the IDEA Exchange Program Director. Dr. Forrest will continue with IDEA Exchange as a researcher and Dr. Edward Suarez will be the interim Program Director.

**XI. Next Meeting**

Mr. Darlington announced the next meeting is scheduled for November 21, 2024. at 10:00 a.m. Members agreed by a show of hands to hold the November 2024 and subsequent 2025 stand-alone meetings at the FDOH – Health District Center, and Joint Integrated Plan Review Team meetings at the Main Library, for as long as that space is available.

**XII. Adjournment**

Ms. Muñoz adjourned the meeting at 11:33 a.m.



# SOURCE OF INCOME STATEMENT

Section 2-11.1(i) of the County Ethics Code requires that certain employees, public officials, and consultants file a financial disclosure Statement on a yearly basis by July 1st of every year. For the last year of service, file SOI-F.

Disclosure for Tax Year Ending 2024	Last Name (or, Consultant or Consulting Firm name)	First Name	Middle Name/Initial
Mailing Address – Street Number, Street Name, or P.O. Box			
City, State, Zip			

If your home address is your mailing address, and your home address is exempt from public records pursuant to Fla. Stat. §119.07, read instructions on the following page **and check here.**

### Filing as an Employee (check one)

<input type="checkbox"/> County <input type="checkbox"/> Public Health Trust <input type="checkbox"/> Municipal: _____ <span style="margin-left: 300px;">(Municipality)</span>		
Department		
Position or Title		Employee ID Number
Work address	Work telephone	Employment began on/ended on

### Filing as (check one)

<input checked="" type="checkbox"/> County Board <input type="checkbox"/> Municipal Board: _____ <input type="checkbox"/> Consultant for County or Municipal Agency <span style="margin-left: 200px;">(Municipality)</span>		
Board where serving or name of County or Municipal Agency Consultant is providing professional services to Miami-Dade HIV/AIDS Partnership		
Alternate address (if home address is exempt) 111 NW 1st Street, 22nd Floor, Miami, FL 33128	Work telephone 305-375-3546	Term began on/ended on

List below every source of income you received, along with the address and the principal activity of each source. Include your public salary. Place the sources of income in descending order, with the largest source first. Examples of sources of income include: compensation for services, income from business, gains from property dealings, interest, rents, dividends, pensions, IRA distributions, and social security payments. Also, include any source of income received by another person for your benefit. However, the income of your spouse or any business partner need not be disclosed. **If continued on a separate sheet, check here.**

Name of Source of Income	Address	Description of the Principal Business Activity

I hereby swear (or affirm) that the information above is a true and correct statement.

\_\_\_\_\_  
Signature of Person Disclosing

\_\_\_\_\_  
Date signed

<b>RECEIVED BY ETHICS DEPARTMENT:</b> <input type="checkbox"/> Hardcopy <input type="checkbox"/> Electronic Copy
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# SOURCE OF INCOME INFORMATION

Required by the Miami-Dade County Code, Section 2-11.1(i)

The term **INCOME** shall include, but is not limited to, the following items: wages, salaries; tips; bonuses; commissions & fees; dividends, interest; profits from businesses and professions; your share of profits from partnerships and small business corporations; pensions, annuities & endowments; profits from the sale or exchange of real estate, securities or other property, including personal residence; rents and royalties; your share or estate or trust income, including accumulated distributions;

alimony, separate maintenance or support payments; prizes; awards; fees as an Executor, Administrator or Director; disability retirement payments; workmen's compensation, insurance; damages; social security payments, etc.

## FILING INSTRUCTIONS

A "Source of Income Form," (SOI) or a signed copy of the personal income tax forms may be filed to satisfy the filing requirement for County/Public Health Trust employees, municipal employees, advisory board members, and consultants providing professional services to the County or a Municipality who are not required to file under State law. State filers who also hold County or Municipal positions (for example, State filers who also serve on County or Municipal boards) meet the County financial disclosure requirement by filing a **copy** of their state form with the Miami-Dade County Commission on Ethics and Public Trust or their Municipal clerk.

The Source of income Form must be filed yearly no later than 12:00 noon of July 1st. Consultants file within thirty (30) days of execution of a contract arising out of competitive negotiations and prior to any payments from the County, municipalities or other agencies and thereafter on a yearly basis no later than 12:00 noon of July 1st. For the last year of service, file "Final Source of Income Form "(SOI-F). The SOI and SOI-F should not be used as a substitute for State Form 1 or State Form 1F for those required to file under state requirements.

Filers whose address is exempt pursuant to Fla. Stat. §119.07 must provide an alternate address such as a business address or the address of the board if the filer serves on a board.

This form must be filed by July 1st of each year and should not be used as a substitute for State Form 1 for those required to file under state requirements. For the last year of service, file SOI-F.

**Example (Review sources of income above; note- no monetary amount required).**

Name of Source of Income	Address	Description of Principal Business Activity
Place of employment	Address where employed	Salary
Rental Property	123 Anywhere Street Miami, FL 00000	Rental income
Social Security	Social Security office closest to your zip code	Social Security income

**Miami-Dade County (including Public Health Trust) Personnel and Advisory Board** members shall file completed forms with:

**Miami-Dade County**  
**Commission on Ethics and Public Trust**  
**701 NW 1st Court 8th Floor**  
**Miami, FL 33136**  
or at: [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov)

**Municipal Personnel and Advisory Board Members** shall file completed forms with their respective Municipal Clerk. For further information, Miami-Dade County and Public Health Trust employees may contact the Miami-Dade County Commission on Ethics and Public Trust via telephone at 305-5792594 or via email at [financial.disclosures@miamidade.gov](mailto:financial.disclosures@miamidade.gov). Municipal employees may contact their respective Municipal Clerk's Office.

**Note RE: Florida Statutes § 119.07:** The role of our office is to receive and maintain forms filed as public records. If your home address is exempt from disclosure and you do not wish your home address to be made public, please use your office or other address for your mailing address. The following persons are exempt from disclosing their home addresses: active or former law enforcement personnel, including correctional and correctional probation officers, personnel of the Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; firefighters; justices and judges; current or former state attorneys, assistant state attorneys, statewide prosecutors, or assistant statewide prosecutors; county and municipal code inspectors and code enforcement officers.

## Addendum C

### Miami-Dade HIV/AIDS Partnership Prevention Committee Policies and Procedures

**PURPOSE:** To set forth the policies and procedures relative to the functions of the Miami-Dade HIV/AIDS Partnership's Prevention Committee (PVC). The PVC's purpose, its policies and procedures are guided by the National HIV/AIDS Strategy and implementation of High Impact Prevention interventions. These policies and procedures shall be made a part of and incorporated by reference into the Miami-Dade HIV/AIDS Partnership's (Partnership) Bylaws.

#### A. FUNCTIONS

1. Coordinate with the Partnership's Strategic Planning Committee to review and oversee the Miami-Dade County Integrated Prevention and Care Plan for HIV/AIDS in coordination with the Florida Department of Health in Miami-Dade County (FDOH-MDC), as specified by the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). This plan serves to guide the FDOH-MDC in the allocation of federal and state funds for HIV/AIDS education and prevention to specific target populations in Miami-Dade County that are ~~at high risk for~~ foremost vulnerable to HIV infection or transmission. ~~PC~~PVC activities include but are not limited to:
  - a. Assessing the community's HIV prevention and education resources available to respond to the HIV epidemic.
  - b. Identifying unmet HIV prevention needs within defined populations ~~at high risk for HIV infection~~ most vulnerable to HIV transmission.
  - c. Reviewing the potential impact of emerging educational approaches and interventions.
  - d. Prioritizing ~~high-risk~~ vulnerable target populations.
  - e. Identifying evidence-based educational approaches and interventions to be used.
  - f. Making recommendations regarding allocation of funds to each ~~high-risk~~ vulnerable target population prioritized.
  - g. Evaluating the effectiveness of the planning process.
2. Coordinate with the Partnership's Strategic Planning Committee to guide and oversee the completion of goals and objectives of Miami-Dade County's Integrated Prevention and

Care Plan for HIV/AIDS, including periodic progress reports to the community and the Partnership.

3. Providing a forum for the exchange of information through:
  - a. Sharing of outreach plans.
  - b. Planning strategic activities.
  - c. Maximizing community resources.
  - d. Engaging in problem-solving activities.
  - e. Evaluating ongoing activities and needs for capacity building.
4. Assessing and developing community education protocols to ensure the continuity and consistency of information being disseminated in the community.
5. Recommending appointments of two (2) nominees to the Florida Comprehensive Planning Network's Prevention Planning Group. At least one nominee shall be a Partnership member. Applicants must meet the requirement for nominees in accordance with the Centers for Disease Control and Prevention guidelines.

## **B. OFFICERS:**

1. There shall be two officers of this committee, a chair and vice-chair:
  - a. To the extent possible, the officers shall represent the sex and ethnic diversity of the HIV/AIDS epidemic in Miami-Dade County, ~~., e.g., gender, ethnicity, sexual orientation, etc.~~
  - b. The FDOH-MDC shall appoint a department employee, or a designated representative, as chair of the committee. The term and tenure of this appointment shall be determined by the FDOH-MDC.
  - c. The vice-chair shall be elected by PCPVC members. The vice-chair shall be elected to serve a one (1) year term. The vice-chair may serve up to two (2) consecutive terms. The vice-chair must stand down for one (1) year before being eligible for another term as vice-chair. The election of the vice-chair shall coincide with the election of the chair and vice-chair of the Partnership's standing committees as outlined in the Partnership Bylaws, which shall take place no later than January of each year.
  - d. The committee shall, through a nomination process, elect a vice-chair annually or as set forth in Section B.1.C of the Partnership Bylaws. Committee members shall make nominations.

- e. The committee may hold a special election in order to fill a vice-chair vacancy. The elected individual shall complete the term of the person he or she is replacing.
2. The officers' duties and responsibilities shall include:
    - a. Facilitating each meeting of the committee.
    - b. Participating in briefings prior to each committee meeting for the purpose of planning the agenda.
    - c. Managing and resolving committee conflicts and dissent.
    - d. Reviewing the draft minutes of each meeting and ensuring that an accurate portrayal of the deliberations of the committee has been captured.
    - e. Leading the committee in developing policies and procedures.
    - f. Ensuring that the Miami-Dade County Integrated Plan for Prevention and Care for HIV/AIDS is implemented, monitored, and periodically updated.
    - g. Attending Miami Dade HIV/AIDS Partnership meetings for the purposes of reporting Prevention activities by at least one vice-chair of the [PCPVC](#).

## **C. RECRUITMENT**

1. Recruitment and nomination of members:
  - a. The [PCPVC](#) shall manage membership recruitment. The management of membership recruitment shall reflect an open, candid, and participatory process in which differences in applicants' backgrounds, perspectives, and experiences shall be valued and viewed as essential. The [PCPVC](#) shall strive to follow the fundamental tenets of community planning; Parity, Inclusion and Representation (PIR):
    - Parity is defined as the ability of members to equally participate and carry out planning tasks/duties.
    - Inclusion is defined as meaningful involvement of all members in the process with an active voice in decision making.
    - Representation is defined as the act of serving as an official member reflecting the perspective of a specific community.
  - b. The committee shall strive to conduct targeted membership recruitment at least once a year.

- c. The ~~PC~~PVC shall accept applications for membership throughout the year and make recommendations as needed.
- d. Applicants may submit applications directly to the Prevention Committee for consideration and recommendation for membership by a majority vote.

## D. MEMBERSHIP

1. Committee membership shall include persons who reflect the characteristics of the current and projected HIV/AIDS epidemic in Miami-Dade County in terms of age, ~~gender~~sex, race or ethnicity, socioeconomic status, geographic distribution, HIV/AIDS expertise or knowledge, ~~and risk of HIV infection.~~
2. The ~~PC~~PVC shall reflect the local epidemic by involving representatives of populations with increased prevalence of HIV ~~infection~~ and should include HIV service providers, ~~including~~ (e.g., community-based organizations (CBOs), care providers from the public and private sectors, community health centers, mental health and substance abuse services, and other governmental and non-governmental entities.)
3. Membership seats may be amended by the committee based on the current trends and priorities of the epidemic.
4. Members are expected to attend regular monthly meetings and commit to serve on the committee for up to two (2) three (3) year terms.
5. Behavioral Science Research Corporation staff shall notify members when membership needs to be renewed.
6. Members shall be approved for terms not to exceed three (3) years from the date of the ~~PC~~PVC's approval of said member. No ~~PC~~PVC member shall be permitted to serve more than two (2) consecutive and complete terms of three (3) years except as required by the Partnership Bylaws, (Article 3, Section 3.2, Paragraph 1).
7. A member may resign by submitting a written resignation to staff of Behavioral Science Research Corporation.

## E. VOTING

1. All business that may come before the ~~PC~~PVC shall be conducted according to the procedures established in Robert's Rules of Order.
2. All ~~PC~~PVC members, including officers, shall have one (1) vote.
3. The ~~PC~~PVC may not have more than one (1) representative as a member from a provider agency.

4. There shall be no alternate or proxy voting system.
5. In the event of a conflict of interest (see Section J, below), the conflicted member(s) shall disclose the conflict in discussions and abstain from voting. Discussions and abstention(s) shall be recorded in the minutes.
6. When it is time to vote, members are expected to vote on what they believe to be best for the community at large. This means that there may be times when a member shall cast a vote that is not in the best interests of the particular population or perspective that he or she represents.

## **F. REMOVAL**

Members may be removed from the committee for the following reasons:

1. Five (5) absences total in the Miami-Dade County Fiscal Year (October 1st to September 30th).
2. Conduct that violates the Miami-Dade HIV/AIDS Partnership's Code of Conduct.
3. Conduct which would have a negative impact on the integrity of the community's confidence in the committee; said conduct shall be reviewed by the full PCPVC in order to determine appropriate action.
4. Prior to any member being removed based on Paragraphs #2 and/or #3 above, he or she shall receive written notice of the intent to remove and the reasons for removal. The member shall be given fifteen (15) days in which to respond in writing or to respond in person at the next PCPVC meeting. Upon receipt of the response or after thirty (30) days from the date of notice, the members of the PCPVC shall vote or come to consensus on the matter. Notwithstanding the foregoing removal process, PCPVC members who are also members of the Partnership may only be removed from the PCPVC in the Partnership's sole discretion.

## **G. GUESTS**

## **H. PUBLIC COMMENT**

Any guest choosing to speak to an item not on the agenda shall be limited to making his/her comments only during the "Announcements" section of the agenda and shall be subject to a specified time limit set by the officers. An extension of time may be granted if the PCPVC votes to extend the time limit. The officers may also recognize members of the public to comment on agenda items during the discussion of that agenda item.

## **I. CONFLICT OF INTEREST**

The PCPVC has members who are professionally or personally affiliated with organizations that have or might request or receive funds for HIV/AIDS prevention services. Subject to the Miami-Dade Commission on Ethics and Public Trust Opinion Nos. 02-43 and 05-50, members who represent organizations that can or may receive funds shall disclose their conflict of interest and abstain from voting in the event the organization represented by the member is the sole provider receiving prevention services. Members of the committee are required to comply with the conflict of interest policy. Any and all PCPVC members shall be bound by and adhere to chapter 112, Florida Statutes (2019).

NOTE: It is important to avoid not only conflict of interest, but also the appearance of conflict of interest. Thus, if there is any possibility of financial benefit to an agency or individual, the conflict should be disclosed.

## J. MEETING TIME, DATE, and LOCATION

The Committee shall meet at times, on dates, and at locations as determined by the committee officers in consultation with committee members. Subject to the requirements set forth in section 286.011, Florida Statutes, PCPVC meetings shall be open to the public, reasonable notice of such meetings shall be given and minutes of said meetings shall be taken and promptly recorded.

## K. REIMBURSEMENT

All PCPVC members shall serve without compensation. PCEligible PVC members of the affected community ~~who are PLWHA shall may~~ be entitled to a travel offset pursuant to policies and procedures of the Miami-Dade HIV/AIDS Partnership, (Article 8, Section 8.5). ~~reimbursement for necessary authorized expenses incurred in the discharge of a travel offset their duties pursuant to policies and procedures of the Miami-Dade HIV/AIDS Partnership. (Article 8, Section 8.5)~~

## L. AMENDMENT

Although the PCPVC may recommend an amendment or modification to these policies and procedures, the Partnership shall have the sole discretion to approve said amendment or modification.

## *Memo*

**To:** Prevention Committee Members

**From:** Christina Bontempo

**Date:** December 30, 2025

**Re:** 2026 Vice Chair Nominations and Elections

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Nominations and elections for Prevention Committee Vice Chair will be held at the next scheduled Prevention Committee meeting, tentatively, January 22, 2026; (see Miami-Dade HIV/AIDS Partnership Bylaws, Section 5.4).

Per the Bylaws, the Prevention Committee Chair is selected by the Florida Department of Health in Miami-Dade County. The current Chair, Virginia Muñoz, was selected to serve as Chair and will retain that seat in 2026.

Serving as an Officer (Chair and Vice Chair) provides you a great opportunity to enhance your leadership skills, add a new title to your resume, and become a more involved Planning Council member!

Committee Officers develop agendas with support staff, lead committee meetings, and serve as members of the Executive Committee. Executive Committee meetings are held every other month beginning in January.

For reference, below are the qualifications for Officers as they relate to committees in general (Bylaws, Section 5.1); and the Prevention Committee specifically (Bylaws, Addendum C.). All members who meet these requirements are eligible for nomination.

- **Bylaws, SECTION 5.1. Officers, B. Standing Committees, Subcommittees, and Workgroups**
  1. Each standing committee, subcommittee, or workgroup shall elect a Chair and a Vice-Chair from among its members; they shall serve at the will of the standing committee, subcommittee, or workgroup.
  2. Officers shall be full voting members.
  3. At least one (1) officer of each standing committee must be a Partnership member who shall be designated to report committee activities to the Partnership.
  4. Standing committees, committees, and workgroups shall strive to elect at least one (1) officer who is a person with HIV.
  5. No individual shall serve concurrent terms as an officer of the Partnership and an officer of a standing committee or subcommittee. The exception to this rule is for officers of workgroups, which may be led by the Chair as Chair or Vice-Chair of the committee under whose purview the workgroup was authorized.



▪ **Bylaws, Addendum C, Miami-Dade HIV/AIDS Partnership Prevention Committee Policies and Procedures, B. OFFICERS**

1. There shall be two officers of this committee, a chair and vice-chair:
  - a. To the extent possible, the officers shall represent the diversity of the HIV/AIDS epidemic in Miami-Dade County, e.g., gender, ethnicity, sexual orientation.
  - b. The FDOH-MDC shall appoint a department employee, or a designated representative, as chair of the committee. The term and tenure of this appointment shall be determined by the FDOH-MDC.
  - c. The vice-chair shall be elected by PC [*Prevention Committee*] members. The vice-chair shall be elected to serve a one (1) year term. The vice-chair may serve up to two (2) consecutive terms. The vice-chair must stand down for one (1) year before being eligible for another term as vice-chair. The election of the vice-chair shall coincide with the election of the chair and vice-chair of the Partnership's standing committees as outlined in the Partnership Bylaws, which shall take place no later than January of each year.
  - d. The committee shall, through a nomination process, elect a vice-chair annually or as set forth in Section B.1.C. Committee members shall make nominations.
  - e. The committee may hold a special election in order to fill a vice-chair vacancy. The elected individual shall complete the term of the person he or she is replacing.

*You are encouraged to add your name as a nominee* in advance of the meeting; nominations will also be taken from the floor at the next scheduled meeting. If you are interested in this opportunity or if you have any questions, please contact me at (305) 445-1076 or by email at [cbontempo@behavioralscience.com](mailto:cbontempo@behavioralscience.com).



**Miami-Dade County HIV Prevention Workgroups -  
Updates and Calls to Action**

Presented to the Prevention Committee  
January 22, 2026

This report is a summary of the Florida Department of Health in Miami-Dade County Prevention Mobilization Workgroup meetings for the dates indicated. Please see contact information for each group for further information.

**Florida Black HIV/AIDS Coalition – Miami Chapter**

<b>Meeting Date and Location</b>	January 15, 2026, 11:00 AM – 12:00 PM, via Teams. Meets the 3rd Thursday, every other month beginning in January, 11:00 AM – 12:00 PM.
<b>Key Agenda Items</b>	Events planning.
<b>Special Presentations</b>	
<b>Upcoming Events</b>	The group started working on two events scheduled for February 2026: 1. Tuesday, February 3, 10:00 AM to 3:00 PM: Take the Train...Take the Test. Set up starts at 9:00 AM. - Brownsville: FDOH Test Miami Mobile - confirmed - Allapattah: Borinquen - confirmed - Culmer: AHF – confirmed 2. Friday, February 20 (tentative date): Melanated, Motivated, and Moving Forward Event
<b>Calls to Action (for event planning, membership, advocacy, or other actions)</b>	The group welcomes anyone interested in being a speaker during the meetings. The 2026 meeting dates are: <input type="checkbox"/> January 15, 2026 <input type="checkbox"/> March 19, 2026 <input type="checkbox"/> May 21, 2026 <input type="checkbox"/> July 16, 2026 <input type="checkbox"/> September 17, 2026 <input type="checkbox"/> November 19, 2026; last meeting of the year
<b>Next Meeting Date/Location</b>	March 19, 2026, from 11:00 AM to 12:00 PM, via Teams.
<b>Contact Person/Email</b>	Praveena Saxena, <a href="mailto:Praveena.Saxena@flhealth.gov">Praveena.Saxena@flhealth.gov</a>

### Pre-Exposure Prophylaxis Workgroup

<b>Meeting Date and Location</b>	January 28, 2026, 2:00 PM to 3:00 PM, via Teams. Meets the 4th Wednesday, every other month beginning in January, 2:00 PM to 3:00 PM.
<b>Key Agenda Items</b>	
<b>Special Presentations</b>	
<b>Upcoming Events</b>	
<b>Calls to Action (for event planning, membership, advocacy, or other actions)</b>	<ol style="list-style-type: none"> <li>1. A goal for 2026 is to increase membership for the PrEP Workgroup.</li> <li>2. The group also welcomes anyone interested in being a speaker during the meetings. 2026 meeting dates: <ul style="list-style-type: none"> <li><input type="checkbox"/> January 28, 2026</li> <li><input type="checkbox"/> March 25, 2026</li> <li><input type="checkbox"/> May 27, 2026</li> <li><input type="checkbox"/> July 22, 2026</li> <li><input type="checkbox"/> September 23, 2026; last meeting of the year</li> </ul> </li> </ol>
<b>Next Meeting Date/Location</b>	January 28, 2026, from 2:00 PM to 3:00 PM, via Teams.
<b>Contact Person/Email</b>	Praveena Saxena, <a href="mailto:Praveena.Saxena@flhealth.gov">Praveena.Saxena@flhealth.gov</a>

### Hispanic Initiative (Iniciativa Hispana)

<b>Meeting Date and Location</b>	January 27, 2026, 2:30 PM to 4:00 PM, (location TBD). Meets the 4th Tuesday, every month, 2:30 PM to 4:00 PM.
<b>Key Agenda Items</b>	
<b>Special Presentations</b>	
<b>Upcoming Events</b>	HIV Long-Term Survivors Awareness Day.
<b>Calls to Action (for event planning, membership, advocacy, or other actions)</b>	<ol style="list-style-type: none"> <li>1. Since we haven't met yet this year, we don't have much concrete work underway, but we're always welcoming new members and open to collaborating with speakers.</li> <li>2. Once we have events coming up, we'd love support with promoting them and helping spread the word.</li> </ol>
<b>Next Meeting Date/Location</b>	2026 meeting dates: <ul style="list-style-type: none"> <li><input type="checkbox"/> January 27, 2026 (location TBD)</li> <li><input type="checkbox"/> February 17, 2026 (on line)</li> <li><input type="checkbox"/> March 17, 2026 (location TBD)</li> <li><input type="checkbox"/> April 21, 2026 (on line)</li> <li><input type="checkbox"/> May 19, 2026 (location TBD)</li> <li><input type="checkbox"/> June 23, 2026 (on line)</li> <li><input type="checkbox"/> July 21, 2026 (location TBD)</li> <li><input type="checkbox"/> August 18, 2026 (on line)</li> <li><input type="checkbox"/> September, 22 2026 (location TBD)</li> <li><input type="checkbox"/> November, 17 2026 (location TBD)</li> </ul>
<b>Contact Person/Email</b>	Juliana Shapiro, <a href="mailto:Juliana.shapiro@flhealth.gov">Juliana.shapiro@flhealth.gov</a>

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**Miami Collaborative MSM Workgroup / Transgender Tenacity Power**

<b>Meeting Date and Location</b>	February 18, 2026, at FDOH – Health District Center, 1350 NW 14 <sup>th</sup> Street, Conference Room 401B, Miami, FL 33125, and via Teams.
<b>Key Agenda Items</b>	Planning for 2026, HIV IS Not A Crime Day.
<b>Special Presentations</b>	
<b>Upcoming Events</b>	January 28, 2026: HIV Is Not Crime Day event.
<b>Calls to Action (for event planning, membership, advocacy, or other actions)</b>	
<b>Next Meeting Date/Location</b>	April 15, 2026, at FDOH – Health District Center, 1350 NW 14 <sup>th</sup> Street, Conference Room 401B, Miami, FL 33125, and via Teams.
<b>Contact Person/Email</b>	Luigi Ferrer, <a href="mailto:Luis.Ferrer@flhealth.gov">Luis.Ferrer@flhealth.gov</a>

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**Youth Health Committee**

<b>Meeting Date and Location</b>	February 3, 2026, via Teams.
<b>Key Agenda Items</b>	Planning for 2026, National Youth HIV/AIDS Awareness Day, Health Teen Project/Expos.
<b>Special Presentations</b>	
<b>Upcoming Events</b>	April 10, 2026: National Youth HIV/AIDS Awareness Day TBD - Health Teen Project/Expos.
<b>Calls to Action (for event planning, membership, advocacy, or other actions)</b>	
<b>Next Meeting Date/Location</b>	April 7, 2026, via Teams.
<b>Contact Person/Email</b>	Stephanie-Rae Wattley, <a href="mailto:Stephanie-Rae.Wattley@flhealth.gov">Stephanie-Rae.Wattley@flhealth.gov</a>

**Goal 1: Prevent New HIV Transmission**  
**Prevention Committee Meeting, January 22, 2026**  
**Draft 2027-2031 BSR Integrated Plan Monitoring and Reporting System (IP-MRS)**  
**Worksheets**

Have we created SMART Goals, Objectives, and Activities?

S	Specific	Make your goal specific and narrow for more effective planning	
M	Measurable	Make sure your goal and progress are measurable	
A	Achievable	Make sure you can reasonably accomplish your goal within a certain time frame	
R	Relevant	Your goal should align with your values and long-term objectives	
T	Time-based	Set a realistic but ambitious end date to clarify task prioritization and increase motivation	

IP-MRS Definitions	
Activity Not Started	Activity and/or data collection has not begun.
Activity In Progress	Activity and data collection has begun and is ongoing.
Activity Suspended	Activity began and was suspended.
Activity Complete	Activity is complete and no further action is needed.
	Indicates a lack of data during a measurement period.
Cumulative Total	This column will calculate data as it is entered into the IP-MRS on a semi-annual basis.
Target	Target should be met by December 31, 2031, or an intermediate date, if indicated.

**Goal 1: Prevent New HIV Transmission**  
**Prevention Committee Meeting, January 22, 2026**  
**Draft 2027-2031 BSR Integrated Plan Monitoring and Reporting System (IP-MRS)**  
**Worksheets**

<b>Objective 1.1</b>	<b>Increase the percentage of people living in Miami-Dade County who are aware of their HIV status.</b>			
	<b>Baseline:_____ / Target:_____.</b>			
<b>Activity 1.1.1</b>	<b>Utilize academic detailing to educate providers on routine testing inclusive of Hepatitis C virus (HCV) and sexually transmitted infections (STI)</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.1.1.1	Number of licensed clinical providers educated on routine testing (i.e., HIV, HCV, STI)	Activity Not Started	0	
1.1.1.2		Activity Not Started	0	
<b>Activity 1.1.2</b>	<b>Partner/collaborate with healthcare facilities to increase routine opt-out HIV testing</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.1.2.1	Number of healthcare facilities implementing routine opt-out HIV testing in MDC	Activity Not Started	0	EXAMPLE
1.1.2.2	Number of HIV positive people identified through routine opt-out testing (HCSF, Hospitals, FDOH)	Activity In Progress	0	EXAMPLE
1.1.2.3	Number of previously diagnosed HIV positive people (HCSF, Hospitals, FDOH)	Activity Suspended	0	EXAMPLE
1.1.2.4	Number of newly diagnosed HIV positive people - Hospitals (HCSF and Hospitals)	Activity Complete	0	EXAMPLE
1.1.2.5	Number of HIV tests integrated with viral hepatitis tests (HCV)	Activity Not Started	0	
1.1.2.6		Activity Not Started	0	
<b>Activity 1.1.3</b>	<b>Partner and/or collaborate with healthcare facilities to offer HCV and STI testing</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.1.3.1	Number of healthcare organizations implementing HCV and STI testing	Activity Not Started	0	
1.1.3.2	Number of clients with a positive HCV and/or STI result for Syphilis, Gonorrhea, and/or Chlamydia	Activity Not Started	0	
1.1.3.3	Number of clients treated for HCV and/or Syphilis, Gonorrhea, and/or Chlamydia	Activity Not Started	0	
1.1.3.4		Activity Not Started	0	
<b>Activity 1.1.4</b>	<b>Increase the use of home HIV self-testing kits</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.1.4.1	Number of people receiving one or more HIV self-test kits	Activity Not Started	0	
1.1.4.2	Number of people who reported a positive test result using the self-test kit.	Activity Not Started	0	
1.1.4.3	Number of people with a positive HIV test result from a self-test kit, who took a confirmatory test at FDOH-MDC and/or testing community partner facilities	Activity Not Started	0	
1.1.4.4		Activity Not Started	0	

**Goal 1: Prevent New HIV Transmission**  
**Prevention Committee Meeting, January 22, 2026**  
**Draft 2027-2031 BSR Integrated Plan Monitoring and Reporting System (IP-MRS)**  
**Worksheets**

<b>Objective 1.2</b>	<b>Increase the percentage of people screened for and prescribed pre-exposure prophylaxis (PrEP); and increase the number of agencies offering nPEP (Non-occupational Post-Exposure Prophylaxis). Baseline: _____ / Target: _____.</b>			
<b>Activity 1.2.1</b>	<b>Utilize ADP to engage and educate health care providers on PrEP and nPEP to increase the number of prescribers</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.2.1.1	Number of ADP sessions	Activity Not Started	0	
1.2.1.2	Number of PrEP and nPEP prescribers	Activity Not Started	0	
1.2.1.3		Activity Not Started	0	
<b>Activity 1.2.2</b>	<b>Identify and share best practices by agencies that have utilized TelePrEP to expand providers' capacity of offering TelePrEP service</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.2.2.1	Number of providers offering TelePrEP services	Activity Not Started	0	
1.2.2.2	Number of people who received TelePrEP services	Activity Not Started	0	
1.2.2.3		Activity Not Started	0	
<b>Activity 1.2.3</b>	<b>Increase the number of non-traditional partners offering PrEP (i.e., MinuteClinic at CVS, UHealth at Walgreens, other pharmacies, urgent care centers, hospitals)</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.2.3.1	Number of non-traditional partners offering PrEP	Activity Not Started	0	
1.2.3.2		Activity Not Started	0	
<b>Activity 1.2.4</b>	<b>Provide follow-up medical and family planning services for post-partum women with HIV</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.2.4.1	Number of PrEP educational sessions conducted with post-partum women with HIV	Activity Not Started	0	
1.2.4.2		Activity Not Started	0	
<b>Activity 1.2.5</b>	<b>Increase the number of people receiving nPEP or PrEP</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.2.5.1	Number of people linked to a PrEP provider	Activity Not Started	0	
1.2.5.2	Number of people prescribed PrEP	Activity Not Started	0	
1.2.5.3		Activity Not Started	0	

**Goal 1: Prevent New HIV Transmission**  
**Prevention Committee Meeting, January 22, 2026**  
**Draft 2027-2031 BSR Integrated Plan Monitoring and Reporting System (IP-MRS)**  
**Worksheets**

<b>Objective 1.3</b>	<b>Improve HIV prevention and testing efforts toward youth (ages 13-18 and 19-24) who are vulnerable to or living with HIV. Baseline:_____ / Target:_____.</b>			
<b>Activity 1.3.1</b>	<b>Collaborate with MDC Public School Health Programs targeting school-age youth</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.3.1.1	Number of schools participating at the Miami-Dade Public School Health Program	Activity Not Started	0	
1.3.1.2	Number of youth referred by the school's health team for HIV/STI testing	Activity Not Started	0	
1.3.1.3	Number of youth referred by the school's health team for HIV/STI education	Activity Not Started	0	
1.3.1.4	Number of youth educated on HIV/STI by FDOH- MDC/CBOs	Activity Not Started	0	
1.3.1.5		Activity Not Started	0	
<b>Activity 1.3.2</b>	<b>Improve advertisements concerning PrEP, condoms and other prevention messages for youth - 13-18 years of age</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.3.2.1	Number of PSAs targeting youth	Activity Not Started	0	
1.3.2.2	Number of other communication efforts targeting youth	Activity Not Started	0	
1.3.2.3	Number of impressions targeting youth on advertisements for PrEP	Activity Not Started	0	
1.3.2.4	Number of impressions targeting youth on advertisements for condoms	Activity Not Started	0	
1.3.2.5	Number of impressions targeting youth on advertisements for other prevention messages	Activity Not Started	0	
1.3.2.6		Activity Not Started	0	
<b>Activity 1.3.2</b>	<b>Improve advertisements concerning PrEP, condoms and other prevention messages for young adults - 19-24 years of age</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.3.2.1	Number of PSAs targeting young adults	Activity Not Started	0	
1.3.2.2	Number of other communication efforts targeting young adults	Activity Not Started	0	
1.3.2.3	Number of impressions targeting young adults on advertisements for PrEP	Activity Not Started	0	
1.3.2.4	Number of impressions targeting young adults on advertisements for condoms	Activity Not Started	0	
1.3.2.5	Number of impressions targeting young adults on advertisements for other prevention messages	Activity Not Started	0	
1.3.2.6		Activity Not Started	0	

**Goal 1: Prevent New HIV Transmission**  
**Prevention Committee Meeting, January 22, 2026**  
**Draft 2027-2031 BSR Integrated Plan Monitoring and Reporting System (IP-MRS)**  
**Worksheets**

<b>Objective 1.4</b>	<b>Increase the number of advertisement types to expand culturally appropriate messaging concerning HIV prevention, testing, and treatment. Baseline:_____ / Target:_____.</b>			
<b>Activity 1.4.1</b>	<b>Develop culturally appropriate messaging on pre-exposure prophylaxis (PrEP)/ nonoccupational post-exposure prophylaxis (nPEP), and the Ready, Set, PrEP initiative to at-risk populations, with an inclusive</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.4.1.1	Number of overall impressions from PrEP/nPEP marketing campaign(s)	Activity Not Started	0	
1.4.1.2	Number of Ready, Set, PrEP initiative, PrEP/nPEP posts	Activity Not Started	0	
1.4.1.3		Activity Not Started	0	
<b>Activity 1.4.2</b>	<b>Collaborate with CBOs and engage non-traditional partners to support HIV prevention messages and further destigmatize HIV</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.4.2.1	Number of partnerships created that support prevention messages	Activity Not Started	0	
1.4.2.2	Number of people who received nPEP	Activity Not Started	0	
1.4.2.3		Activity Not Started	0	
<b>Activity 1.4.3</b>	<b>Conduct outreach events (with multi-lingual messaging) to educate priority populations</b>			
<b>Measurement #</b>	<b>Measurement</b>	<b>Status</b>	<b>Cumulative Total</b>	<b>Target</b>
1.4.3.1	Number of agencies conducting outreach events for each priority population (identify priority populations)	Activity Not Started	0	
1.4.3.2	Number of outreach events conducted	Activity Not Started	0	
1.4.3.3	Number of contacts created at outreach events	Activity Not Started	0	
1.4.3.4		Activity Not Started	0	

# 2027-2031

## Section I: Introduction of Integrated Plan and SCSN

<p><b>Section I: Introduction of Integrated Plan and SCSN</b></p> <p><i>Purpose:</i> To provide a description of the Integrated Plan, including the SCSN and the approach the jurisdiction used to prepare and package requirements for submission</p> <ul style="list-style-type: none"><li>• <b>Write a detailed summary:</b> Ensure it shows how you have met the Integrated Plan requirements.</li><li>• <b>Combining materials:</b> Explain how new and existing materials relate.</li></ul>
<p style="text-align: center;"><b>Requirements</b></p>
<p><b>1. Introduction</b></p> <p><b>a. Describe the Integrated Plan</b></p> <ul style="list-style-type: none"><li>• Include SCSN</li><li>• Explain how past plans/SCSNs inform this plan/SCSN.</li><li>• Or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.</li></ul>
<p><b>b. Approach</b></p> <p><b>Describe your approach to preparing the Integrated Plan submission.</b></p> <ul style="list-style-type: none"><li>• Update existing plan: Modify and enhance previously submitted plan.</li><li>• Integrate Existing Documents: Combine sections from current plans and documents.</li><li>• Develop a New Plan: Create an entirely new plan from scratch.</li></ul>
<p><b>c. Documents submitted to meet requirements.</b></p> <p>Fill out for each requirement per column provided:</p> <ul style="list-style-type: none"><li>• New or existing material</li><li>• Title/File Name for materials</li><li>• Page numbers within the section</li></ul>

## 1a. Describe the Integrated Plan

- Requirement: Include SCSN

For over a decade, the Miami-Dade County (MDC) Eligible Metropolitan Area (EMA) has been a national HIV/AIDS hot spot. The EMA continues to lead the state of Florida in the total number of people with HIV. 29,453 people with HIV – almost 23% – of the entire state’s population of people with HIV lived in the EMA in calendar year (CY) 2023, the latest year of complete surveillance data available from the Florida Department of Health (FDOH).

Florida’s Statewide Coordinated Statement of Need (SCSN) has identified four key areas of need in the EMA:

- HIV Prevalence: The state of Florida continues to have one of the highest rates of HIV diagnoses in the United States.
- Disproportionate Impacts: The epidemic continues to disproportionately impact Black/African American and Hispanic/Latino communities.
- Barriers to Care: Social determinants of health, including high rates of poverty, lack of transportation, food insecurity, housing instability, mental health issues, and substance use disorders hinder prevention and care efforts.
- Service Gaps: There is still a need for expanded access to pre-exposure prophylaxis (PrEP), mental health services, and supportive/culturally competent service providers.

- Requirement: Explain how past plans/SCSNs inform this plan/SCSN. Or provide an overall description of an existing plan/SCSN that meets all requirements and includes the information below.

For the past three years, the EMA has been guided by the 2022-2026 Integrated HIV Prevention and Care Plan (22-26 Plan) goals. The Miami-Dade HIV/AIDS Partnership (Partnership), the EMA’s Ryan White Program Planning Council, has taken the lead on 22-26 Plan evaluation, monitoring, updating, and reporting. The Partnership’s Integrated Plan Evaluation Workgroup refined the 22-26 Plan activities in 2023. Since then, the Partnership’s Strategic Planning and Prevention Committees have reviewed data and further evaluated and refined the activities. The committees meet independently and as a combined group, the Joint Integrated Plan Review Team (JIPRT).

Both qualitative and quantitative data were used in the 2027-2031 Integrated HIV Prevention and Care Plan (27-31 Plan) to describe the impact of HIV in the EMA; determine service gaps and barriers to care; identify prevention and treatment areas; and refine goals and objectives to ensure access to HIV prevention and care for all people across the service delivery system, as detailed in Section III: Contributing Data Sets and Assessments.

- It is important to think about this Integrated Plan Guidance within the framework of national objectives and strategic plans that detail the principles, priorities, and actions that direct the national public health response and provide a blueprint for collective action across the federal government and other sectors (see Appendix 5). HRSA and CDC support

the implementation of these strategies. Each jurisdiction should create Integrated Plans that address national HIV goals.

The foundation for the 22-26 Plan was the overarching goals of the National HIV/AIDS Strategy (NHAS) and Ending the HIV Epidemic: A Plan for America (EHE), and the key areas identified by the SCSN. Although NHAS as a guiding document has been removed from the guidance for the 27-31 Plan, we recognize the importance of building the Plan around the national objectives supported by CDC and HRSA:

1. Prevent new HIV infections.
2. Improve HIV-related health outcomes of people with HIV.
3. Reduce HIV-related disparities.
4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and collaborators.

Those goals will provide the 27-31 Plan structure and will continue to inform our activities.

Partnership and Recipient representatives serve on the Florida Comprehensive Planning Network (FCPN); and Partnership staff serve on the Statewide Integrated HIV Prevention and Care Plan (IPC) Workgroup and the Integrated HIV/AIDS Planning Technical Assistance Center (IHAP TAC) Advisory Board. Regular reporting and feedback on statewide updates relevant to local planning and program administration were included in the 27-31 Plan development.

Additionally, the 2023 Community Health Needs Assessment (CHNA), conducted collaboratively by major health institutions in Miami-Dade County, identified access to healthcare; mental health; income inequality/financial stability; housing; access to affordable health insurance; and chronic diseases as the topmost significant health priorities. Those findings and related recommendations were also considered in development of the 27-31 Plan.

This Plan is truly a living document which will continue to be monitored for updates to meet changing legislative requirements, respond to local policy changes, and bring up to date as new data become available. Responsibility for monitoring and reporting on Plan progress will continue to be a collaboration between the Miami-Dade County Office of Management and Budget Grants Coordination/Ryan White Program (the Recipient), FDOH-Miami-Dade County (FDOH-MDC), and the Partnership.

#### **1b. Approach: Describe your approach to preparing the Integrated Plan submission.**

- Requirement: Update existing plan: Modify and enhance previously submitted plan.

In preparation for this submission, the 22-26 Plan served as the foundation. The 22-26 Plan received a high rating from CDC/HRSA, indicating minor changes which have been addressed. Namely, the review noted a lack of defined activities and a need for more robust community input. How the 27-31 Plan will address those concerns is detailed in later sections. The greatest

changes between the 22-26 Plan and the 27-31 Plan are in response to changing legislative requirements and funding.

Contributors to the 27-31 Plan development, monitoring and updating include people with HIV (both Ryan White Program clients and others); Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D; the AIDS Drug Assistance Program (ADAP); the prevention and planning workgroups within the FDOH-MDC; the Florida Agency for Health Care Administration (Medicaid); the Recipient; FDOH-MDC; Partnership members; and others collaborators, as detailed in Section II: Community Engagement and Planning Process. Throughout the process, the 27-31 Plan was presented to the JIPRT and other committees at public, well-advertised meetings. All meeting documents, including meeting minutes, Plan drafts, supporting referenced documents, and relevant presentations, were posted on the Partnership's website, [www.PartnershipMiami.org](http://www.PartnershipMiami.org). Final approval by the Partnership took place in May 2026.

- Requirement: Integrate Existing Documents: Combine sections from current plans and documents.

Source documents are indicated below.

- Requirement: Develop a New Plan: Create an entirely new plan from scratch.

N/A.

### 1c. Documents submitted to meet requirements.

- Requirement: Fill out for each requirement per column provided:
  - New or existing material (to be included in the final draft)
  - Title/File Name for materials (to be included in the final draft)
  - Page numbers within the section (to be included in the final draft)

Data were drawn from the following source documents:

- 2022-2026 Integrated HIV Prevention and Care Plan for Miami-Dade County;
- 2022-2026 State of Florida Integrated HIV Prevention and Care Plan;
- CDC/HRSA 2027-2031 Integrated Plan Guidance (February 2025);
- FDOH Epidemiological data, CY 2023;
- HIV and STD testing data provided by the FDOH-MDC;
- RWHAP utilization data provided by the RWHAP, 2022-2024;
- RWHAP Client Satisfaction Survey data provided by the RWHAP for 2022-2024;
- Data on service gaps, provided by the FDOH-MDC and the Ryan White Program;
- Florida Community Health Assessment Resource Tool Set (CHARTS);  
<https://www.flhealthcharts.gov/Charts/>.
- The Health Council of South Florida (HCSF) District 11 Health Profile (January 30, 2025);

- The EHE Jurisdictional Plan, prepared by the Florida Department of Health in Miami-Dade County (FDOH-MDC);
  - 2025 Annual Partnership Needs Assessment;
  - 2024 Annual Report – HIV in Miami-Dade County, prepared by the Miami-Dade HIV/AIDS Partnership;
  - 2023 Community Health Needs Assessment, provided by the Miami-Dade Community Health Needs Collaborative;
  - 2025 State of Florida HIV Care Needs Survey for Area 11a; provided by The AIDS Institute;
  - Results from the listening sessions, interviews, community input sessions, and online surveys conducted by BSR (pending); and
  - Letter of Concurrence.
- (This list is subject to additional resources.)*

DRAFT

## Section IV: Situational Analysis

<p><b>Section IV: Situational Analysis</b></p> <p><b>Purpose:</b> To provide a snapshot summary that synthesizes information from the Community Engagement and Planning Process in Section II and the Contributing Data sets and Assessments detailed in Section III that in turn informs the goals and objectives of the Integrated Plan. The situational analysis provides an overview of strengths, challenges, and identified needs across the HIV prevention and care continuum.</p> <p><b>Tips</b></p> <ol style="list-style-type: none"> <li>1. New or existing material may be used; however, if existing material is used, it needs to be updated to reflect the most current information.</li> <li>2. This section not only provides a snapshot of the data and environment for goal-setting but meets the RWHAP legislative requirement for the SCSN.</li> <li>3. Jurisdictions may submit the Situational Analysis requirement. <i>However, it must include information for the entire HIV prevention and care system and not just the EHE priority area or service system.</i> If using an updated or current version of your EHE plan to fulfill this requirement, be sure to include updates as noted below.</li> </ol>
<p><b>Requirements</b></p>
<p>1. Situational Analysis</p> <p>Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III.</p> <p>Provide a short overview across the HIV prevention and care continuum to include:</p> <ul style="list-style-type: none"> <li>• Strengths</li> <li>• Challenges</li> <li>• Identified needs</li> </ul>
<ul style="list-style-type: none"> <li>• Analysis of structural and systemic issues impacting people and communities disproportionately impacted by HIV. Analysis should include each of the following areas:             <ol style="list-style-type: none"> <li>a. Diagnose all people with HIV as early as possible.</li> <li>b. Treat people with HIV rapidly and effectively to reach sustained viral suppression.</li> <li>c. Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs)</li> <li>d. Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.</li> </ol> </li> </ul> <p>Note: Jurisdictions may submit other plans to satisfy this requirement, if they are current and applicable to the entire HIV prevention and care service system across the jurisdiction.</p>
<p>a. People and Communities Disproportionately Impacted by HIV</p> <p>Based on the Community Engagement and Planning Process in Section II and the Contributing Data Sets and Assessments detailed in Section III, describe how the goals and objectives address the needs of people and communities disproportionately impacted by HIV for the jurisdiction.</p>

#### 4a. Situational Analysis

- Requirement: Provide a short overview across the HIV prevention and care continuum to include: Strengths, Challenges, Identified needs

#### Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis

##### STRENGTHS

- More than 35 years of service delivery experience.
- Active involvement and dedication of various stakeholders engaged in needs assessment; client satisfaction surveys; prevention, care, and treatment planning; and priority setting and resource allocation activities.
- Recipients and subrecipients are in ongoing daily communication to help ensure quality services are provided to people with HIV.
- An array of available ART medications - oral medications and a long-acting injectables are available.
- The Recipients, FDOH-MDC and the Partnership maintain comprehensive websites and/or social media accounts which provide resources for people with HIV, service providers and the general public.

##### WEAKNESSES

- Not enough culturally appropriate messaging about PrEP, nPEP, and PEP.
- Clients feel a lack of empowerment to manage their own health care or participate in the planning process to improve service, especially amongst special populations.
- Not enough “People” first messaging and service delivery.
- Not enough relevant or engaging prevention, care and treatment messaging that looks like the community that we are trying to serve.
- Inability to adequately measure or address stigma.
- Need to provide more education regarding health insurance, navigating the health care system, mitigating feelings of mistrust with the medical system, and how to effectively use insurance benefits.

##### OPPORTUNITIES

- Partnering with other entities for training, (i.e., Cultural humility training by Gilead Sciences).
- Health literacy training for service providers and clients.
- Partnering with other entities for model (best practice) media campaigns for PrEP, U=U, available services, etc.
- Employing more people with HIV in the system of care that serves them, especially those in the special populations with unique lived experience.
- Identifying additional funding partners.

## THREATS

- ❑ Funding may not be sufficient to address all the needs identified in this Plan.
- ❑ Aging workforce – succession planning must be prioritized.
- ❑ Treatment fatigue for clients.
- ❑ Service delivery fatigue for service providers, subrecipients, and recipients.
- ❑ Maintaining a focus on healthcare in the midst of stigma issues, socio-economic factors, and social determinants of health, especially in special populations.
- ❑ Legislation disenfranchising vulnerable populations.
- ❑ Legislation and funding not keeping pace with changes in client needs and the changing healthcare landscape.
- ❑ Funding cuts to research.
  
- **Requirement: Analysis of structural and systemic issues impacting people and communities disproportionately impacted by HIV.**

Each of the four Ending the HIV Epidemic (EHE) pillars are addressed below, including a brief analysis, further outlined throughout this Plan, and related strategies which are detailed in Section V: 2027-2031 Goals and Objectives.

Regarding structural and systemic issues impacting populations disproportionately impacted by the HIV epidemic in the EMA, see Section III: Contributing Data Sets and Assessments, which details racial and ethnic disparities, high rates of poverty, the difficulties for people experiencing homelessness or who are unstably housed, challenges of navigating a complex service system as a non-native speaker of English, stigma and fear of disclosure of HIV status, and dealing with biases around sexual-identification.

Because development of this Plan was an integrated process, key partners are consistent and redundant across all pillars, including:

- Partnership members, specifically members of the Prevention Committee and Strategic Planning Committee;
- FDOH-MDC and partners;
- RWHAP Recipients, subrecipients, front line service providers, and other partners;
- Clinical Quality Management (CQM) providers;
- Partnership and CQM staff; and
- Other community stakeholders.

It is the intention of the Prevention Committee and Strategic Planning Committee – working together as the Joint Integrated Plan Review Team (JIPRT) – to expand community stakeholders and continue to engage the broadest scope of partners throughout the implementation of this Plan. At the same time, this Plan is intended to integrate efforts without unnecessary duplication of effort.

**DIAGNOSE: Diagnose all people with HIV as early as possible.**

Testing is the key to making people aware of their HIV status. The goal of HIV counseling and testing is to assist individuals in assessing their vulnerabilities, getting tested, and understanding their test results. For people with negative results, the goal is to develop a personalized prevention plan; and for people with a positive test result, the goal is to link them to care. According to Florida CHARTS, MDC ranked as the Florida county with the most HIV diagnoses for each of the five years from 2020 to 2024. As noted in Section III: Contributing Data Sets and Assessments, the EMA has the highest concentration of people with HIV in the state of Florida, and high rates of new HIV diagnoses.

From 2020 through 2024, the Eligible Metropolitan Area (EMA) of Miami-Dade County reported a total of 4,669 new HIV cases. This indicates an almost 19% decrease from the previous reporting period of 2017-2021, (though 2021 data sets were not complete at the time of that writing).

The EMA has a robust and widely promoted HIV testing program which includes on-site rapid testing, after-hours rapid testing, mobile rapid testing, opt-out testing in emergency rooms and clinics, and at-home testing. Marketing of testing availability is developed in English, Spanish, and Haitian Creole. This Plan's Prevention strategies related to diagnosing more people who do not know their status will further positive health outcomes, particularly among special populations.

*Diagnose-related strategies are under development.*

**TREAT: Treat people with HIV rapidly and effectively to reach sustained viral suppression.**

The EMA's Test and Treat/Rapid Access (TTRA) protocol is the basis for rapid linkage to care. The protocol has a demonstrated success in linking newly diagnosed persons to care, with a linkage rate of 83% in 2024. Persons who enter the Ryan White HIV/AIDS Program (RWHAP) service system through TTRA and those who are enrolled in RWHAP and the AIDS Drug Assistance Program (ADAP) care can be monitored to ensure they are connected to and accessing available needed services.

We acknowledge some limitations in tracking treatment protocols for persons who are above 400% of the Federal Poverty Level (FPL), who have private medical coverage, and whose plans of care are not known to us.

Adoption of strategies to train providers on status-neutral care and cultural competency continue to be a focus of planning, though we recognize that efforts to address systematic racism, and sexual-identity disparities as public health threats are limited by current politics and funding.

*Treat-related strategies are under development.*

**PREVENT: Prevent new HIV transmissions by using proven interventions, including pre- exposure prophylaxis (PrEP) and syringe services programs (SSPs).**

The EMA's offers prevention services, including HIV/STD testing and referrals, partner prevention services, condom distribution, prevention for negatives, needle exchange, individual- and group-level educational sessions, and PrEP and nPEP screening, referral, and linkage across a broad service providers network. Prevention initiatives are conducted throughout the EMA via face-to-face and virtual interventions, mobile testing units, social media platforms, and print, radio and television advertising. FDOH-MDC has a dedicated website for HIV testing, [www.testmiami.org](http://www.testmiami.org), which promotes PrEP, condom distribution, and testing sites, with links to locate services throughout the EMA. Continued and ongoing funding for condom distribution at the time the 26-31 Plan was written.

The IDEA Exchange Syringe Services Program at the University of Miami Miller School of Medicine is the innovative SSP which started in December 2016 in Miami-Dade County and has become a statewide SSP model in mitigating HIV transmission via injection drug use.

Even with prevention initiatives targeted special populations and a broad general availability of prevention messaging and resources, the latest CDC Estimated HIV Incidence and Prevalence in the United States, 2018–2022, indicates there were more than 2,400 individuals in the EMA in 2022 who have HIV and are not aware of their status. That figure underscores the considerable strategies and activities in this Plan to identify those individuals.

*Prevent-related strategies are under development.*

**RESPOND: Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.**

The EMA has had to mobilize a response to outbreaks of Monkeypox, Meningococcal Disease, Hepatitis A, and COVID-19.

Materials alerting the community about outbreaks are produced in English, Spanish, and Haitian-Creole, and are widely distributed throughout the EMA, through printed flyers, social media campaigns, and on various websites. HIV prevention and care resources are widely available throughout the EMA, and many of those partners were instrumental in disseminating information about other disease outbreaks. Nonetheless, developing more community partnerships to leverage available services and funding will enhance our ability to respond quickly to HIV outbreaks.

Stakeholders who are targeted for future engagement include police departments/first responders, celebrity/social media personalities, domestic violence prevention organizations, and Business Respond to AIDS (BRTA) organizations. Coordination across funding streams is also important to avoid delays in reacting to outbreaks.

The EHE Mobile GO Teams initiative uses mobile clinics to support Miami-Dade County's ability to rapidly respond to HIV transmission clusters using the local Test and Treat/Rapid Access model.

To assist individual subrecipients with proactively addressing where clients may be lost to care or are not meeting VL suppression rates, the RWHAP's Clinical Quality Management (CQM) quarterly Performance Report Card provides Part A/MAI, Part B, and GR data along with subrecipient level extract files (CQI subrecipient dashboard data).

As it relates to rapid response to HIV clusters, we recognize that identifying outbreaks is not always obvious since outbreaks need to be determined by genetic testing to verify if a cluster is all the same strain of the virus.

*Respond-related strategies are under development.*

- Requirement: People and Communities Disproportionately Impacted by HIV

### **Special Populations**

The designated special populations for retention in medical care (RiMC) and viral load suppression (VL) represent the largest subpopulations with the lowest RiMC and VL suppression rates in the EMA [insert data table reference]. Plan activities will focus on tracking and reporting RWHAP client RiMC and VL suppression rates by sex. Additional data tracking by race/ethnicity is available and is reported directly to subrecipients. Quality Improvement projects at the RWHAP subrecipient level may be designed to address shortfalls. This Plan acknowledges limitations in tracking RiMC and VL suppression data outside the RWHAP.

Health-related outcomes for special populations will include people living with HIV after age 50; and women with HIV. Goals will also include activities to bring awareness to stigmatizing behavior throughout the service system. This Plan acknowledges limitations in tracking health outcomes for populations outside the RWHAP.

Additionally, the Plan addresses overall health outcomes based on other determinants of health, specifically housing instability, food insecurity, and the impacts from a rapidly changing legislative environment.

THE EIS CORE PRESENTS

# 2026 Implementer- Researcher Symposium

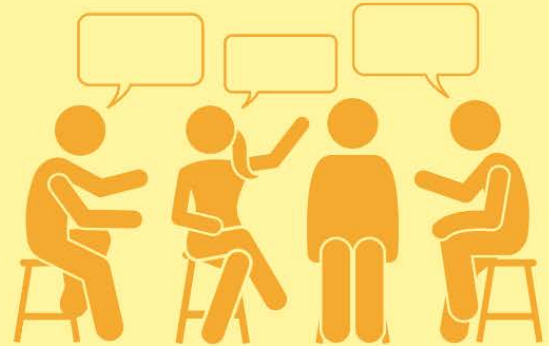
## Event Details

**Date:** Friday, April 10th, 2026

**Time:** 8:30 AM – 3 PM

**Location:** University of Miami, Coral Gables  
Campus (in-person)

**Purpose:** 1-day training on Implementation Science research and practice, sharing individual expertise, and establishing or strengthening relationships between implementers and researchers to support shared work.



### Who should attend?

- Individuals who are involved in the delivery of HIV and/or mental health services in any capacity who would be interested in getting involved in research.
- Researchers in CHARM-affiliated institutions (UM, FIU, FSU, UCF) working on any area relevant to the intersection of HIV and mental health disparities.

SCAN ME



## APPLICATIONS NOW OPEN!

Scan the QR code, or click here:

<https://redcap.link/charmeissymposium2026>

Attendance will be capped, therefore applications will be accepted on a rolling basis until capacity is reached.



This Month

February 2026 ▾

S	M	T	W	T	F	S
1	2 10:00 am - 12:00 pm Miami-Dade HIV/AIDS Partnership	3	4 1:00 pm - 4:00 pm New Member Orientation and Training	5	6	7
8	9	10	11	12 10:00 am - 12:00 pm Care and Treatment Committee	13	14
15	16	17 10:00 am - 1:00 pm Joint Integrated Plan Review Team	18 10:00 am - 5:00 pm RWP Medical Case Management Supervisor Care and Coordination Meeting	19 2:00 pm - 4:00 pm Housing Committee	20	21
22	23 4:30 pm - 7:00 pm Community Coalition Roundtable	24 10:00 am - 1:00 pm Ryan White Program Subrecipient Forum	25 10:00 am - 12:00 pm Save the Date – Executive Committee  10:00 am - 5:00 pm Medical Case Management Basic Training	26	27 9:30 am - 11:30 am Medical Care Subcommittee  12:00 pm - 12:30 pm Report for Action!	28

